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ANNUAL REPORT 132

for the fiscal year
ending March 31, 1990

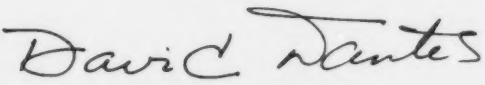
The Nova Scotia Hospital

The Honourable Lloyd R. Crouse, P.C.
Lieutenant-Governor of Nova Scotia

To His Honour:

I have the honour respectfully to submit herewith the 132nd annual report of the Nova Scotia Hospital.

I have the honour to be
Your obedient servant,



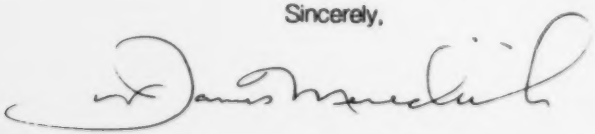
G. David Nantes
Minister of Health and Fitness

To the Honourable G. David Nantes
Minister of Health and Fitness
Province of Nova Scotia

Sir:

On behalf of the Board of Management and staff of the Nova Scotia Hospital, I take great pleasure in presenting the 132nd annual report.

Sincerely,



W. James Meredith
Chairman
Board of Management

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BOARD OF MANAGEMENT

Chairman	Mr. James Meredith
Vice-Chairman	Mr. Dale Zinck
Members	Mr. David Ardley
	Rev. Jody Clarke
	Mrs. Muriel Conrod
	Mr. Ozzie Henderson
	Dr. George Ibsen
	Mr. Alf Nielsen
	Mrs. Pamela Murray
	Mr. Kerry O'Hearn
	Mr. Leo Peters
	Rev. Eric Theriault
	Dr. Donald West

ADMINISTRATIVE STAFF
THE NOVA SCOTIA HOSPITAL
(at March 31, 1990)

Executive Director	Mr. David G. Higgins
Medical/Clinical Director	Dr. William O. McCormick

Department of Psychiatry

Deputy Medical/Clinical Director and Day Hospital	Dr. L. Buffett
Director of Community Services - Vice-President of Medical Staff	Dr. J. Palacois-Boix
Director of Forensic Services	Dr. S.N. Akhtar
Director of Children's Services	Dr. I. DeCoutere
Director of Adolescent Services	Dr. K. Ahmad
A/Director of Geriatric Psychiatry	Dr. M.S. Muthu
Director of Admissions	Dr. L.N.P. Voruganti
Staff Psychiatrist	Dr. A. Hipwell
Staff Psychiatrist	Dr. D. Eastwood
Staff Psychiatrist	Dr. S. Brooks
Staff Psychiatrist	Dr. J. Curtis
Staff Psychiatrist	Dr. A. Jacobs (Part-time)
Staff Psychiatrist	Dr. S. Yoon
Staff Psychiatrist	Dr. P.K. Malavi
Staff Psychiatrist	Dr. E.P.B. Aquino
Staff Psychiatrist	Dr. A. Bhattacharyya
Staff Psychiatrist	Dr. S. Villacastin
Staff Psychiatrist	Dr. D. Maynes
Staff Psychiatrist	Dr. R. Morehouse
Staff Psychiatrist	Dr. L.N. Yatham
Staff Psychiatrist	Dr. A. Thangaroopan

Department of Medicine

Chief of Medicine	Dr. D. Weir
Staff Physician	Dr. L. Johnston
Staff Physician	Dr. S. Abraham
Staff Physician	Dr. P. Newman
Staff Physician - President of Medical Staff	Dr. M. Riives
Staff Physician	Dr. J. MacCormick

Heads of Departments

Manager Housekeeping & Support Services	Mr. P. Bentley
A/Director Materials Management	Ms. S. Broussard
Chief Medical Records Librarian	Ms. D. Calder
A/Director Psychology	Dr. J. Gabriel
Coordinator Educational Services	Mr. P. Giroux
A/Chief Pharmacy	Ms. N. Harris
Director Human Resources	Mrs. E.J. Hill
Director of Dietetics	Mrs. J. Jenkins
Director Nursing Education	Ms. L. Judge
Fire Safety Officer	Mr. P. Meisner
Director of Social Services	Mrs. W. Milne
Maintenance Manager	Mr. D. MacIntyre
Director of Nursing	Mrs. A. McGuire
A/Director Community Relations	Mrs. L. McMaster
Chief Clerk Office Services	Mrs. E. Powell
Director of Motivational Therapy	Mrs. M. Spindler
Supervisor Patient Transportation	Mr. V. Tolliver
Director of Support Services	Mr. M. Townsend
Manager Laundry Operations	Mr. A. Vail
Director of Planning & Development	Mr. S. Wood
Coordinator Human Resource Development	Mrs. A. Woods
Director of Finance	Mr. D. Woods

CONSULTANT STAFF

Psychiatry	Dr. N. Allison
Dentistry	Dr. R. Conter
Psychiatry & Neuropsychiatry	Dr. A. Cook
Dentistry	Dr. C.W. Curry
ENT	Dr. J. Debow
Anesthesiology	Dr. A. Finlayson
Psychiatry	Dr. P. Flynn
Dermatology	Dr. J. Gallant
Geriatrics	Dr. J. Gray
Internal Medicine	Dr. R. Gupta
Psychiatry	Dr. S. Hirsch
Ophthalmology	Dr. M. Humayun
Obstetrics & Gynecology	Dr. D. Johnston
Anesthesiology	Dr. A. Kelland
Internal Medicine	Dr. D. Knight
Anesthesiology	Dr. L. Marr
Pathology	Dr. I. Maxwell
Internal Medicine	Dr. R. Michael
Psychiatry	Dr. A. Munro
Neurology & Encephalography	Dr. H.N.A. MacDonald
Internal Medicine	Dr. J.J. McKiggan
Anesthesiology	Dr. R. Paterson
Psychiatry	Dr. H. Poulos
Dentistry	Dr. H.L. Sable
Radiology	Dr. N. Shannon
Psychiatry	Dr. J. Snelgrove
Surgery	Dr. B.J. Steele
Urology	Dr. S. Yoon

CHAPLAINCY SERVICE

Coordinator and Protestant Chaplain	Rev. R. McLean
Roman Catholic Coordinator	Ms. Mary Ellen Morrisey
	Rev. John Williams (part-time)

REPORT OF THE CHAIRMAN OF THE BOARD & EXECUTIVE DIRECTOR

1989–90 was a year of considerable progress at the Nova Scotia Hospital. Stability returned to the operation of this facility, and media coverage became much more positive. The Board of Management and the staff, clinical and non-clinical, at all levels should be proud of the progress made during 1989–90.

Unfortunately, the year saw the deaths of Dr. Douglas Archibald, Administrator, Psychiatric Mental Health Services Division, Department of Health and Fitness, and Mr. Gerry Moulton, Director of Pharmacy Services. The Board and staff were saddened by their passing and would like to express appreciation for their contributions to and support of the Nova Scotia Hospital over the years.

Surveyors from the Canadian Council on Health Facilities Accreditation visited the Hospital on November 14 and 15, 1989. Staff at the Hospital and the Accreditation Committee, under the chairmanship of Mr. Marty Townsend, did an excellent job in preparing for this review. As a result, the Hospital was awarded a full two-year accreditation.

Over the spring and summer of 1989 considerable work went into the planning for the establishment of a workplace day care centre at the Nova Scotia Hospital. This was the first such day care centre located in a hospital in Nova Scotia. The Pleasant Street Day Care Centre was officially opened by the Minister of Health and Fitness, Honourable David Nantes, and the Minister of Tourism and Culture, Honourable Roland Thornhill, on September 22, 1989. This hospital day care centre is operated in the first level of the Children's Training Centre, and is administered by a board with representatives of staff from the Nova Scotia Hospital, the Department of Community Services, Children's Corner Day Care Centre, and parents of the children.

The first meeting of the Hospital's Role Study Steering Committee was held on June 21, 1989. The committee was established to provide broad representation from across the province in overseeing a study of the Hospital's role in Nova Scotia. An information session was held for prospective consultants on July 20 and proposals were received by August 18. Doane Raymond was the successful applicant, and while work was scheduled to begin in October on the Role Study, because of the requirement to first proceed with the Space Study, this project did

not get under way until February 1990. Doane Raymond worked with the Steering Committee for the balance of 1989–90, with an anticipated date of completion of the Role Study in the summer of 1990.

Architectural plans for a new Extended Care Unit were finalized during the summer 1989, following review by Hospital staff, in consultation with the Department of Government Services. While it was possible to call tenders, the Minister of Health and Fitness requested that a Space Study of the total bed requirements of the hospital be undertaken. This was conducted by Doane Raymond, in consultation with Hospital staff, and a report was submitted to the Minister on January 29, 1990. The minister expressed support for the project, and it is expected that construction will start in the fall.

The report of the Clinical Programming Review Committee was submitted to senior management on December 18, 1989. This report was the result of the efforts of the internal committee established in 1988 to review the way in which clinical services are delivered at The Nova Scotia Hospital. In preparing this report, the committee formed a number of subcommittees, which provided input by staff at all levels.

Following review of this report by senior management, the decision was made on March 26, 1990, to establish a task force charged with preparing a plan for the establishment of a fourth long-term unit, as well as for the development of an admission/crisis unit, which were recommended in the CPR report.

The report of the Royal Commission on Health was released in December 1989. A special committee of the Board developed the Hospital's response to the questionnaire developed by the NSAHO in order to provide feedback to the Minister on the content of the Royal Commission. The position of the Hospital was basically the same as that taken by the Metropolitan Hospital Advisory Committee. The Hospital expressed its concern with the development of Regional Health Authorities, as it was felt that these, together with a health council, would result in another layer of bureaucracy and interfere with the allocation of funds for hospitals by the Department of Health and Fitness.

In February 1989 a review of security at the Nova Scotia Hospital was undertaken. This resulted in physical changes to improve security in the tunnel, changes to the schedule of rounds by Security, changes to the number and times that entrances to the Hospital were locked, including the tunnel, and planning for the installation of security cameras.

Approval was received from the Department of Health and Fitness for the installation of six security cameras to monitor the grounds and two security cameras located in the tunnel at the junction to the Hugh Bell Service Centre, with installation of these cameras in January 1990.

The approved budget for 1989–90 included an additional 21.8 new positions and a base adjustment of $837,000. In addition to this budget increase, the Hospital continued to realign the 1990 budget to better reflect the way in which funds were actually spent. This work forms the basis of a system that would be useful for comparing actual spending with the approved budget.

Considerable progress was made during 1989–90 in bringing the budget under control, realigning the budget, and phasing out unapproved positions that had been filled during the previous year.

The internal process whereby the budget was prepared was totally revised in November 1989. This resulted in a more coordinated approach to the preparation of the Hospital's budget submission.

The Staff Club of the Nova Scotia Hospital was reorganized in order to make this non-funded organization responsible for arranging and financing its activities. A grant of $2,000 was provided to the Staff Club from the Hospital's retained surplus.

We would like to extend our sincere appreciation to all those who served on the Board during the year. Their dedication and cooperation with the changes introduced at the Board level were instrumental in providing the leadership that was so necessary for the hospital to achieve the progress made throughout 1989–90. The staff of the Hospital is to be commended for its individual and collective efforts, without which the achievements made during the year would not have been possible. The Minister of Health and Fitness also deserves a word of thanks for his ongoing support for this hospital throughout the year.

Building and Grounds Committee
(A. Nielsen, Chairman)

The Building and Grounds Committee met on three occasions to review and receive updates on various maintenance projects. The most notable of those were:

1. *Unit Renovations*
   The Committee carried out an extensive review of required renovations to patient areas, in particular the psychogeriatric units, and renovations were begun.

2. *Security Cameras*
   The use of surveillance cameras in various strategic areas of the hospital complex as an added safety measure was discussed at length. The Committee recommended installation, and the project was completed.

3. *Auxiliary Gift Shop*
   The Committee supported suggested expansion to the Gift Shop area.

4. *Space Issues*
   Various areas of the hospital were under renovation to provide additional space in overcrowded areas.

5. *Walkway*
   A walkway was constructed between the E.C. Purdy Building and the Hugh Bell Service Centre to provide easier transport of patients during evacuation.

Patient Care Committee (Rev. J. Clarke, Chairman)

The Patient Care Committee met on ten occasions during the year. Reports of the Quality Assurance and Medical Advisory Committees were received, and the Committee reviewed the Summary of Incident Reports.

Development of the Ethics Consultation Service continued to be a major issue with the committee. By year's end the Service had reached the stage of finalization, with the appointment of members and the scheduling of the first meeting. The only outstanding issue to be resolved was the appointment of a patient representative.

Initial discussions were held regarding an External Review of the Psychology Department, with the committee supporting the concept and

approval given to the Executive Director to prepare a funding analysis for presentation to the Finance Committee.

In line with the patient-related issues involving the Patient Care Committee, it was recommended that activities of the Multi-Disciplinary Audit Committee be reported for review. As well, it was considered that review of patient census was more appropriately placed with this Committee. The committee agreed with this recommendation and both were added to the agenda for review on a regular basis.

Legislation Committee (O. Henderson, Chairman)

The Legislation Committee met on four occasions over the year. The main focus of committee activity was the revision of the Hospital By-laws. Several drafts were reviewed, and by year end the committee had prepared what was considered to be an acceptable version of the By-laws with the possibility of a few minor changes prior to presentation to the Board.

Planning Committee (Rev. J. Clarke/P. Murray/L. Peters)

The Committee met on nine occasions during the year. Discussions were held regarding the Royal Commission Report on Health Care in the province, and how the recommendations contained in the report may impact on the Hospital.

A Role Study for the Nova Scotia Hospital supported by the Department of Health and Fitness received considerable attention by the committee. The draft terms of reference were reviewed and revised, and the committee made recommendations concerning the membership and reporting structure of the Steering Committee. Ms. Blaire Collett, planner for the Department of Health and Fitness, attended a meeting of the Planning Committee to discuss the terms of reference initially prepared by her, as well as other aspects of the study. The Department of Health and Fitness requested a Space Study be completed prior to commencement of the Role Study, and this was followed through to completion by the Planning Committee.

The committee received reports on a regular basis from the Clinical Programming Review Committee, and reviewed the final report in depth.

The proposed Extended Care Unit continued to receive attention of the Planning Committee, while awaiting an announcement from government for the calling of tenders to begin construction.

The Committee followed through on planning and development of a workplace day care centre, promoted by the Department of Health and Fitness. This project was completed and the centre officially opened in September.

Finance Committee (D. West, Chairman)

The Finance Committee of the Board met on a regular basis. The committee faced a major task in focusing on the status of the budget's conversion to the Department of Finance ledger system at the beginning of the fiscal year and the resultant unavailability of monthly financial statements. The implementation at that time of the Human Resource Management System created further difficulties in that salary postings were delayed, and information related to salaries was also unavailable.

Internal financial reports were reviewed by the Committee and reported to the Board. A number of items involving operational spending were discussed, and referred to the Board for approval where necessary. The Auditor General's Year End Report received attention of the Committee, and the 1990–91 budget submission was reviewed in detail.

Public Relations and Personnel Committee (K. O'Hearn, Chairman)

The Committee met on 11 occasions, and reports were received on the many and varied activities of Volunteer Services. The Hospital Auxiliary reports were also provided to this Committee.

The Public Affairs Department kept the committee updated on all media issues and provided pertinent material. Restructuring of the Staff Recreation Club was discussed and follow-up reports were received on a regular basis. Ongoing reports were also received concerning the annual Summer Frolic.

A number of projects were initiated through this committee, such as informal monthly gatherings for staff and Board members, a proposal to invite service clubs to the Hospital to provide insight into the Hospital's programs, and an open forum for all staff by senior management to share information on Hospital issues.

A personnel report was received relative to overall employment issues, such as contracts, absenteeism, long term disability benefits, and updates on planning for the annual Long Service Awards dinner.

Discussions were initiated at this committee regarding the possibility of holding a Staff Appreciation Day, and following approval by the Board and structuring of a committee, continued to be followed on an ongoing basis.

Progress of the Hospital Foundation received regular attention as well.

DEPARTMENTAL REPORTS

ACCOUNTING AND DATA PROCESSING

To accommodate the additional workload associated with the transfer of the data entry processing from the Department of Finance to the Hospital, an additional clerk was approved in the budget. In November of 1989, the Department of Health and Fitness approved a position Manager of Accounting. The incumbent will work on implementation of the new M.I.S. accounting system and on required new systems for the Drug Distribution Program. The staff complement of the Accounting Department now stands at 12.

Effective April 1, 1989, we were required by Management Board to eliminate our own internal accounting system and go strictly with the Department of Finance General Ledger System for our accounting needs. In addition the Department of Finance implemented the new HRMS payroll system.

As a result of these two changes we were unable to obtain financial statements until well into September. An accountant from the Department of Health and Fitness was seconded to the Hospital for five months to transfer information from the Department of Finance system to our internal system to enable us to generate internal and external reports. We also had to re-establish the procedure of recording the payrolls ourselves, as there were numerous problems with the new payroll system and as a result, approximately $400,000 of our salaries were not reflected in our records.

Computerization

The position of programmer was upgraded to Coordinator of Information System. A casual programmer was on staff for seven months to maintain the current personal computer and to install and train staff in the use of 12 new personal computers. Having this casual in place allowed our coordinator to work on the development of a new five-year information systems plan for the Hospital.

At the end of the year, we have two mini-computers running financial applications and 37 personal computers running in various departments.

The Support Services Division continued to provide high levels of support to the clinical work at the Nova Scotia Hospital.

CENTRAL LAUNDRY

The Central Laundry shipped 3,502,312 pounds of clean linen to its 12 member facilities in the metro and south shore regions of the province.

Shipping carts were upgraded so that all member facilities now receive their linen on metal, shelved carts.

The O.R. linen pack-making room was relocated and upgraded to a sub-sterile area.

The Manager of Laundry Operations completed the School for Central Laundry Production Managers through the Canadian Laundry and Linen Institute.

COMMUNITY RELATIONS DEPARTMENT/VOLUNTEER SERVICES

During the past year a pro-active approach to media relations has resulted in a more balanced reporting of Hospital activities.

Emphasis was also placed on improving internal communication by holding an open forum, restructuring the Staff Club, and receiving approval to initiate two new publications, an annual Staff Appreciation Day, and monthly Board/staff luncheons.

Volunteers marked another successful year at the Nova Scotia Hospital. Over 100 individuals combined to contribute in excess of 10,000 hours of service. Additionally, more than 30 groups donated time to patients in the areas of programming and entertainment.

The Volunteer Advisory Board continued to play an important role in the coordination of volunteer programs. Important contributions were made in such areas as Tel-Med, Literacy, Patient Special Events, and Statistics. The Patient Library also came under the auspices of the Advisory Board in 1989–90.

Highlights for the year include the reorganization and expansion of the Hospital auxiliary's Gift Shop, extremely positive media coverage of several volunteer programs, and continued success with Volunteer Information Sessions.

DEVELOPMENT AND PLANNING

The Department of Development and Planning has been active in two vital aspects of the Nova Scotia Hospital's future orientation. The department has coordinated the work of the Role Study steering committee. The department has also provided administrative input to the Clinical Program Review Task Group as the Hospital moves towards significant improvements in the delivery of patient care.

Other activities have included reviewing important vocational programs and streamlining the way in which Hospital administrative policies and procedures are implemented and maintained.

The department continues to oversee the interests of the Foundation and to plan for future fundraising initiatives.

DIETARY DEPARTMENT

The contractual agreement to provide food service to the Dartmouth General Hospital was fulfilled this year. Dartmouth General Hospital staff returned to their renovated kitchen on November 30, 1989, after 11 months of receiving food service from the Nova Scotia Hospital. The joint venture was felt to be a success by both parties.

The objective to develop a nutrition policy was met with a drafted policy in the final stages of review by year end. Some initial changes were made in the menus to match policy recommendations: a decrease in sodium and fat content and an increase in fibre. The nutrition policy will eventually result in a complete revision of patient menus.

A big challenge this year has been to reconcile the department's staffing complement to the Department of Health and Fitness approved positions. Adjustments were made in staffing levels by attrition and by re-assignment of some staff to various areas of the department.

Discussions regarding space have been concluded with a commitment to develop storage space for catering equipment and supplies as well as an office area in Dietary Stores. Ward Services will move to space vacated by the Fire Safety Officer which is in closer proximity to the Diet Office. All other space needs will be accommodated by juggling of current work area assignments.

The Purdy Coffee Shop has been quite mobile this year with a number of relocations due to unit renovations, but it continues to do well and has a loyal following.

The purchase of computerized cash registers for the Cafeteria has enhanced the month-end reporting process and increased the ability to isolate specific information.

The Director of Dietetics has had substantial involvement in the Clinical Program Review process. Recently she has accepted the responsibility for coordinating the planning phase of the Clinical Program Review. To accommodate this assignment, a large portion of the responsibility for the operation of the Department of Dietetics was transferred to the Assistant Director of Dietetics.

Over the year the department has assisted in the training of three dietetic interns from the Victoria General Hospital, one who was on rotation at Dartmouth General Hospital and one from Versa Services. N.S.I.T. and Dartmouth High School each sent one student for learning experience. Two of our cooks completed Module 3 of the Cooks Training Program. Two staff also attended the NSAHO Workshop for General Workers.

ENVIRONMENTAL SERVICES

The Housekeeping Department was centralized in the DeWolf Building to more efficiently integrate their functions with the other Environmental Services functions. The Housekeeping Supervisors were reclassified and given new titles to more accurately reflect their duties.

The Housekeeper successfully completed the Housekeeping Basic Course sponsored by the Provincial Housekeeping Association. The washman in Linen Distribution successfully completed the Laundry Technology Course.

Linen Distribution continued to develop the patients' clothing and linen washing service in conjunction with the Vocational Services Life Skills Program and with the addition of a new 50-pound washer and a 75-pound dryer. The new equipment helped the department to improve decontamination and disinfection methods, which was positively noted by the Infection Control Practitioner.

Staff in the Housekeeping and Linen Distribution Department continued to be involved in fund-raising, especially for patients' Christmas activities. This was encouraged and enjoyed.

FIRE SAFETY

the Nova Scotia Hospital Disaster Plan was tested with an exercise that included the evacuation of all hospital buildings and the relocation of staff, patients and visitors. The participation of many monitors including the Dartmouth City's Fire Department, Police Department and Emergency Measures Coordinator led to several positive changes in procedures.

During the year regular fire drills were held according to appropriate Fire Codes. As well, all staff were required to attend a special Fire Safety Training Program.

Monthly fire safety inspections were completed throughout the Hospital and preventive maintenance on all fire fighting and detection equipment was completed as scheduled.

HEALTH SCIENCES LIBRARY

This department has operated efficiently following its major move from the Purdy Building to Simpson Hall. At that time the Patient's Library service was transferred to Volunteer Services. The new, more spacious Health Sciences Library now incorporates the Nurse's Library.

Due to the escalation of requests for library services from medical and nursing students and the professional staff of the Hospital Library hours were extended. The Library is now open from 8:00 am to 7:00 pm, Monday to Friday.

HUMAN RESOURCE DEVELOPMENT

Human Resource Development staff significantly contributed to the training and educational development of Hospital staff during the past year through the design and delivery of several in-house programs, including B.C.L.S. certification training for approximately 500 staff.

Training opportunities are communicated via an H.R.D. Calendar and bulletin boards. Teleconferencing was available to clinical staff.

An audio-visual assistant was hired to improve the A/V and facilities service. An A/V classroom laboratory facility for group and interview skills was also established.

MAINTENANCE DEPARTMENT

1989–90 was a very busy year for our Maintenance Department and with the support of the Department of Government Services the following projects were highlights of achievement.

The Gift Shop was renovated; a wing in Simpson Hall was renovated for the Accounting Department; the heating controls in three buildings were upgraded; the #4 boiler was completely re-tubbed; a new packmaking room was constructed for the Central Laundry; renovations were completed for our CSR area; four Nursing units were completely painted and many areas were partially painted or touched-up; office renovations were completed in the Dartmouth Mental Health Centre; and steam traps were surveyed throughout the complex, leading to the installation of 76 new traps.

MATERIALS MANAGEMENT

The number of departmental purchase orders was reduced by contracting repetitive items. The resulting cost savings were significant. The Director of Materials Management position was established. A Stores Clerk and Stores Supervisor were recruited.

MEDICAL RECORDS DEPARTMENT

The Medical Records Department enjoyed a very interesting, at times stressful, year, mainly because of the implementation of the computerized Admission, Discharge, Transfer (ADT) System. The system has been modified so that it now provides the bulk of statistical data required by the Hospital.

Outpatient registration was incorporated into the ADT System in September so that all patients are now identified and registered in one system.

Doctor-Room Monitor was also added to the ADT System. This is a method of monitoring information missing from the chart. It also helps remind all those responsible for keeping charts up-to-date to fill in new information. Following are selected statistics:

Admissions	1,559	patients
Total Days of Service	109,659	days
% Occupancy	86	%
Average # of Beds Set Up	348	beds
Average Census	300	patients
Average Length Of Stay	62	days
No. of Patients At End of Year	303	patients
Total # of Outpatient Visits	16,289	visits
No. of Day Care Patients Treated	74	patients
No. of Day Hospital Patients Treated	60	patients

MOTIVATIONAL THERAPY DEPARTMENT

The clinical service provided by the Department is reflected in the following statistics:

Occupational Therapy:

Weighted Treatment Units	865,860
Patient Attendances	12,759

Recreation:

Patient Attendances (excluding Camp Victoria, summer picnics and Stepping Stones Community Reintegration Program)	13,494

The favourably low staff turnover rate achieved in the recent past was not well maintained. In addition to three staff resignations, including that of the Recreation Supervisor, eight extended absences occurred. The majority of these absences related to maternity and illness leaves. Four casual and four regular appointments were made to overcome these vacancies but transition periods affected productivity, necessitating cutbacks in already limited services.

Students in related programs received aspects of their clinical education with the department. Nine occupational therapy students and one recreation student spent blocks of time in fieldwork placements. A larger number of students had brief associations.

Associated community agencies and advocacy and educational bodies received consultation, teaching, and other supportive services through a wide variety of staff activities.

Camp Victoria, the hospital's residential camping program was in full operation from June 19 to September 11.

The first steps were taken in converting to computerization and expansion of clinical statistics in occupational therapy.

An ongoing challenge is maximizing utilization of limited human resources. Service delivery models were reviewed and revised. Regular inservices for staff and restructuring of information systems were conducted.

Staff were active within various professional associations, a number being recognized through awards or executive appointments.

NURSING SERVICE DEPARTMENT

The year 1989-90 saw many changes in the Nursing Department including the appointment of a Director of Nursing and three Assistant Directors of Nursing.

Several projects in the Nursing Department were undertaken. Four behaviour management video tapes were completed in conjunction with Dalhousie University. The Two Write Medication System was initiated and piloted throughout this year. An extensive revision of our nursing documentation system was also undertaken on a pilot basis.

The Clinical Programming Review Committee, under the chairmanship of Dr. Margaret Bayer, who was on loan to this project from the Nursing Department, saw the involvement of many nursing staff.

We placed considerable emphasis this year on the development of a recruitment package.

Open forums were held with nursing staff during January and February.

The Accreditation Survey in November of 1989 was a fairly positive experience. The survey results received in the new year were generally

complimentary to the Nursing Department. Those issues that were identified as needing attention have already been attended to.

The Nursing Department is particularly proud of the research initiatives under way. Not only do we have a Nursing Research Committee, we have also applied some resources in the form of a research assistant to help collect and analyse data for an aggression study. As well, Dr. Bayer's involvement in the cluster analysis of patient population groupings has the potential to yield valuable information.

Discussions are under way with Dalhousie University to acquire joint appointments for both Dr. Bayer and Dr. Whitehorn with the Dalhousie University School of Nursing.

The Nursing Department continues to have difficulties with the number of full-time equivalents allocated. This is, in part, because of our high absenteeism rate. An additional concern is the continuing 1:1 ratio of professional to non-professional staff, and our failure to increase the professional staff. Our continuing lack of financial information is a major handicap in our financial management, as is our lack of comprehensive nursing information or hospital-wide information system. We hope we will make some progress in these areas during the next fiscal year.

During this year, the average number of hours of care required on all units was 4.3. For this fiscal year, 4.1 hours were actually provided. Audits were completed on 20 per cent of patient care predictions per month.

NURSING EDUCATION DEPARTMENT

During the 1989–90 fiscal year, 279 nursing students from diploma and baccalaureate programs were provided with clinical experiences ranging from two to five weeks each. In addition seven students completed the short course for registered nurses, six the short course for certified nursing assistants and five RN students completed a course approved by RNANS as a part of their Nova Scotia registration requirements. One student from each of the Victoria General Hospital School of Nursing and Dalhousie School of Nursing chose to do a senior six-week clinical elective at the Nova Scotia Hospital. Clinical facilities were also provided for 59 students from the Certified Nursing Assistant Program at the I.W. Akerley Campus of the Nova Scotia Community College.

Nursing orientation programs were held every two months. The pharmacology update course was presented to registered nursing staff.

One instructor was able to provide a series of lectures to two outside facilities at their request.

OCCUPATIONAL HEALTH SERVICES

Wellness in the workplace continues to be promoted through orientation, educational programming, promotions, etc. Comprehensive health services, immunization, diagnostic testing, and staff infection control are some of the ongoing activities.

Occupational health and safety legislation requires a greater awareness on the part of both management and staff and regular inspections are carried out by the members of the Hospital's Occupational Health and Safety Committee and the Department of Labour. Employee Assistance Services are also made available to all staff.

OFFICE SERVICES

A new entry-way was created for the print shop along with a new supply storage area. The complement in the post office was reduced to 1.5 full-fime employees from two full-fime employees. The mechanical postage meter was replaced with a Postage-By-Phone-Meter. Approximately 22,000 pieces of mail were processed per month .

During the year, some major difficulties were experienced with our paging system due to interference by another health facility. The interfering facility accepted responsibility for the problem and took successful measures to correct it.

A Call Detail Recorder system was installed with assistance from the Department of Government Services which will allow the switchboard staff to control long-distance telephone usage.

The steno-pool was successful in purchasing several pieces of upgraded equipment and at the end of the year was preparing to relocate.

PASTORAL CARE

During the year the department was staffed by one part-time and two full-time chaplains. Their work was supplemented by several pastoral care volunteers.

Two regular Sunday worship services were held for Protestant and Roman Catholic patients, staff and families. Along with weekly Wednesday night hymn sing services conducted on units, ecumenical and memorial services, 163 services were conducted.

Pastoral Care and counselling were among the main services provided. A total of 2,905 pastoral visits were made with patients and former patients. The effectiveness of the pastoral care provided was enhanced by over 200 consultations with staff, families and persons in the community.

The Clinical Pastoral Education Program was conducted by the coordinator with four students. These students greatly supplemented the work of the staff chaplains. They spent 400 hours on 10 assigned nursing units working directly, but under supervision, with patients.

The annual Pastoral Care workshop on the theme "The Mental Health of the Pastoral Care Giver" was held early in the year. Participants included clergy and other pastoral care workers from the community. Fifty persons were enroled.

Both full-time chaplains were involved in several committees inside and outside the hospital in work related to Pastoral Care. They were also involved in several educational events to assist in their professional development.

PATIENT EDUCATION

The department was as active as ever this past year. Besides providing academic instruction for the children and adolescents, our staff were also involved in the hospital literacy program and our adult testing, counselling, and referral program.

We also provided four inservice training sessions for schools in various parts of the province and eight more on the Hospital grounds for school personnel visiting the area.

The department accepted eight practicum students from Mount St. Vincent's Child Development Program again this year. In June we co-sponsored the third annual school prom with the Princess Alexandra Unit staff. Early in July the third educational camping trip was held for MacKay Unit.

During July and August, we again lent our support to the "Computer Literacy And Social Skills" (CLASS) project supervised by Dr. Greenberg. We supplied our Apple IIGS computers, some software, and the use of one of our classrooms to the four grant workers who were hired to carry out this program. Our teachers also provided a training program for those hired, to ensure that they had the skills required to follow through with this project.

Early in October we were visited by four orthopedogogy students from Belgium. These young men and women were visiting educational and institutional facilities in Eastern Canada as part of their practicum programs.

In February, teaching staff met with representatives from some of the province's school districts to discuss topics of common interest. These meetings were used as a forum to iron out some of the problems that sometimes develop between our Hospital and the outside schools from time to time. Usually these are associated with lack of communication or knowledge of the policies or procedures of the other party.

PATIENT TRANSPORTATION

This department was previously known as the Escort Department. All staff attended the Fire Safety Training Program, WHMIS training, Basic Life Support Training, and AIDS in the workplace instructions.

More than 5,000 patient escorts were completed and taxi and ambulance usage were coordinated. The Coordinator of Patient Transportation was responsible for maintaining the hospital signage system as well as coordinating the Support Service Quality Assurance Program.

PERSONNEL & PAYROLL DEPARTMENT

Personnel and Payroll activities have been dedicated to the implementation of the government-wide HRM System. One staff member has been on secondment to the HRMS Project team since April 1988.

Staff processed 314 appointments (Civil Service and casual) and 348 resignations (Civil Service and casual). There were seven terminations and seven retirements.

PHARMACY & PHARMACY SERVICES DEPARTMENTS

Staffing complement includes three pharmacists, one working as the dispensary supervisor and two pharmacy technicians.

The Pharmacy filled:

Inpatient prescriptions	49,707
Outpatient prescriptions	1,361
Pass medications	8,481
TOTAL	59,549

This represents a 1 per cent increase in prescriptions over the previous year.

All three pharmacists shared working on the following hospital committees: the Pharmacy & Therapeutics Committee, which met six times during the year; Audit Committee, nine times; Medication Error Committee, four times; the Library Committee, four times; and the Manuals Coordinating Committee, which was a newly formed committee.

Pharmacy staff were involved in the following teaching sessions: nursing orientation, which held eight sessions during the year; doctors' orientation, which held twelve sessions; five hours of lectures for the post graduate nursing course; six hours of sessions for the CPR Drug Sessions for nurses; four inservices; two presentations for Journal Club; and two Clinical Conference sessions.

Clinical Pharmacy activities related to patient teaching involved 26 sessions for Day Hospital medication group and medication counselling for each of the 854 outpatients.

Workload statistics:

Total Orders Received 11,311
(8.6% increase over previous year)

Volume of items sold 1,110,667
(units issued)

Dollar value of sales ..... $ 17,700,000
(18% increase over previous year)

Year end inventory showed 2,400 items counted with only 12 adjusted for a value of $642.93.

PSYCHOLOGY

There were four staff departures during the year.

Department members saw 4,113 clients directly or indirectly over the year, and workload measures were comparable to the previous year.

Psychological services were provided to all inpatient areas and units and comprised individual, family, and group psychotherapy; psychological assessments; consultation and participation in multi-disciplinary teams; advocacy; and liaison/consultation with the community. Clinical consultation, teaching, staff training, and program development are emphasized on the child and adolescent units. Also, psychodiagnostic and personality assessment as well as the assessment of the young offender continue to be a priority for this service. Within the rehabilitation service, however, the specialized focus includes the assessment and management of behaviourial disturbances, motivation and adjustment problems, as well as pre-vocational and vocational training pursuits.

Psychological services to the outpatient centre include individual, family, and group psychotherapy; psychological assessments; consultation and participation in multi-disciplinary teams; as well as advocacy and liaison/consultation with the community. Psychologists are involved in four major areas of the Hospital: acute care, chronic care, care for sexually abused people, and day treatment.

Training and teaching included supervision of two Ph.D. trainees (Dalhousie and University of Victoria) and lectures offered to post graduate nursing students, clinical clerks, Catalyst Enterprises grant

workers and pastoral care students throughout the year. Stephen Gouthro, Billur Ugursal and Silvia Frausin-Murphy (all on candidate register) received ongoing supervision from Drs. Gabriel and MacGillivray in accordance with the Nova Scotia Board of Examiners in Psychology. Dr. Greenberg directed a ten-week social skills training program sponsored by Labatt's called Computer Literacy And Social Skills (CLASS). Drs. Greenberg and MacGillivray provided presentations of their clinical work to various outside agencies, while Drs. MacGillivray, McCormick, and Greenberg and Steven Gouthro presented scientific papers at a national conference in June.

A major thrust in service to the rehabilitation units has been the introduction of Catalyst Enterprises, a supported work program for chronic patients from the three rehabilitation service units.

Dr. Lenzer provides clinical neuropsychological assessments of patients with known or suspected brain dysfunction to all general service units and outpatient services.

The Employee Assistance Program utilizes psychology staff to provide treatment and support to employees who experience personal difficulties that interfere with their work performance.

SECURITY

Security service was provided to the Nova Scotia Hospital by Eagle Security Company on a contract basis. Many improvements were initiated in 1989–90. One such improvement was the implementation of an extensive guard training program including appropriate management of aggressive behaviour.

Access control was improved with changes in locks and locking procedures, increased more guard rounds, and posting adjustments. Procedures for emergency building and traffic control were reviewed, revised, and tested. A closed circuit television system was installed with cameras protecting the hospital grounds and tunnels.

SOCIAL WORK DEPARTMENT

Fluctuations in staffing levels over the past year affected the department's ability to maintain uniform service delivery levels, particularly during extended periods of recruitment and orientation of new staff.

The department maintained its commitment to the Metropolitan Mental Health Planning Board—Adult Community Support Services and Evaluation, Information and Research Committees. The Hospital, through the department, was represented on the Board of Haltrans Industries and supported efforts to establish a sound financial base for continuing its operation in providing transitional employment for discharged patients.

One other major contribution of the department was service on the Clinical Program Review Committee, which commanded a significant amount of staff time from existing resources.

Six members of the department were honoured with certificates and awards for service ranging from 5 to 20 years.

Numbered among projects undertaken under the aegis of the department were the Pet Therapy Program, the Annual Mutt Show, and the weekly Wednesday afternoon Socialization Program for a group of outpatients living in the community adjacent to the hospital.

Apart from regularly scheduled clinical group and individual therapies such as the Outpatient Group for Sexually Abused Adults, the Parent Support Group on MacKay Unit and the Anger Management Group, Princess Alexandra Unit, members of the department were involved in a variety of clinical and technical initiatives having direct impact upon patient care and well-being.

Among these was the provision of a sign language course for staff who are involved in treating hearing-impaired patients.

During the year, one staff member was instrumental in identifying all those patients eligible for income tax rebates and negotiated with the Public Relations Department of Revenue Canada to provide a group of trained volunteers on site to assist those who qualified in completing and expediting their claims.

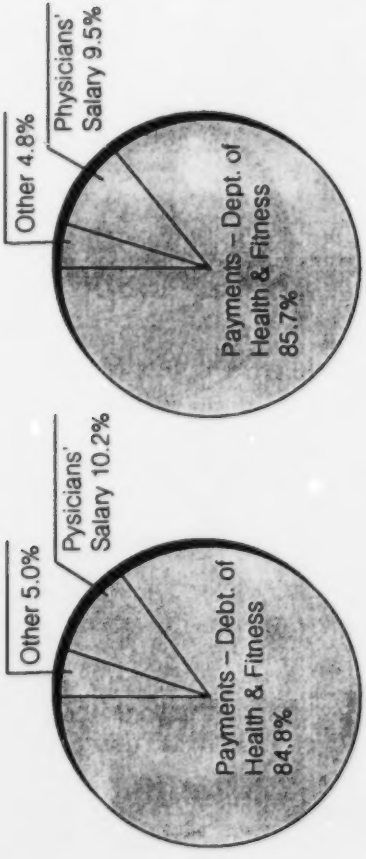
Staff were involved in a variety of studies and proposal submissions on behalf of the patient population served by their respective areas of assignment. One such study was that of a statistical analysis of the socio-economic condition of a group of patients on the Adult General Services—"Fixed Income Survey and Homelessness." A second staff member participated on the Mental Health Sub-Committee of the Dartmouth Health Promotion Study.

In the area of advocacy, a group of social workers presented to the Halifax City Social Services Committee on the effect of proposed reductions in social assistance upon the more vulnerable patient populations of the Nova Scotia Hospital.

At year end, the staffing situation was stabilized, and the major administrative focus was re-directed toward a review and maintenance of the department's Quality Assurance Program and administrative planning for staffing accommodation to the recommendations of the Clinical Program Review Committee.

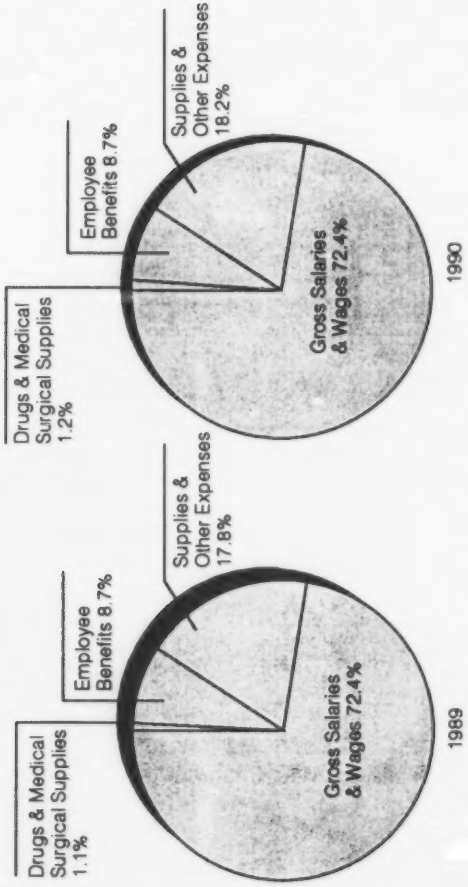
ANALYSIS OF HOSPITAL RECOVERIES FOR THE YEARS ENDING MARCH 31, 1989 AND 1990

Percentage Distribution of Revenue by Type of Recovery



ANALYSIS OF HOSPITAL EXPENDITURES FOR THE YEARS ENDING MARCH 31, 1989 AND 1990

Percentage Distribution of Costs By Type of Expense


Drugs & Medical Surgical Supplies 1.1%
Employee Benefits 8.7%
Supplies & Other Expenses 17.8%
Gross Salaries & Wages 72.4%
1989
Drugs & Medical Surgical Supplies 1.2%
Employee Benefits 8.7%
Supplies & Other Expenses 18.2%
Gross Salaries & Wages 72.4%
1990

ANALYSIS OF HOSPITAL EXPENDITURES FOR THE YEARS ENDING MARCH 31, 1989 AND 1990

Percentage Distribution of Costs By Service

1989

A Drugs and Medical and Surgical Supplies 1.2%
B Educational Programs 1.9%
C Equipment 2.1%
D Medical Staff 8.3%
E Diagnostic and Therapeutic Services 9.0%
F Plant Operation and Maintenance 10.6%
G Administration and Support 13.3%
H Housekeeping, Linen, and Dietary 16.1%
I Nursing Administration and Units 37.5%

1990

A Drugs and Medical and Surgical Supplies 1.0%
B Educational Programs 1.9%
C Equipment 2.0%
D Medical Staff 8.5%
E Diagnostic and Therapeutic Services 8.9%
F Plant Operations and Maintenance 11.1%
G Administration and Support 13.3%
H Housekeeping, Linen, and Dietary 16.1%
I Nursing Administration and Units 36.5%

REPORT OF THE MEDICAL DIRECTOR

DEVELOPMENTS IN PATIENT CARE

One of the most prominent activities to improve patient care has been the participation in the Clinical Programme Review Committee activities. By the end of the year, this had progressed to the point that Mrs. Judy Jenkins, Head of Dietary Services, was seconded for 80 per cent of her time to coordinate the more detailed planning and preparation for implementation of recommend changes.

DEVELOPMENTS IN EDUCATION, TRAINING AND RESEARCH

The teaching role of the Hospital in connection with Dalhousie Medical School has continued. The Hospital is now recognized by the Department of Psychiatry at Dalhousie Medical School. We continue to have six or more final-year medical students on their eight-week rotations on our general service units. Intern numbers from Dalhousie are dropping, but we continue to have two or three per month. Family medicine residents are rotated through the Hospital's Dartmouth Mental Health Centre. The number of residents in the psychiatry program training at the Nova Scotia Hospital has reached as high as seven, whereas in the past, the Hospital was virtually only used in the care and rehabilitation of long-term patients (a Royal College mandatory requirement). Residents recently have been having general hospital-type acute psychiatry training, outpatient experience, child and adolescent training, forensic training, and geriatric psychiatry training. Geriatric psychiatry has become a mandatory requirement for the Royal College, and currently there is no other geriatric psychiatry service in the Dalhousie network.

The Research Committee has screened a number of proposals. We were very pleased that Dr. L.N.P. Voruganti, one of our newest recruits to psychiatric staff, was successful in obtaining a research grant from the Dalhousie Medical Research Foundation for work in the geriatric psychiatry service. A further effort to increase the university link was the approval, in early 1988, of a geographic full-time position for a Dalhousie psychiatrist to be based at the Nova Scotia Hospital. During the year, Dr. Alistair Munro, Head of the Department of Psychiatry at Dalhousie, had indicated that he would be the first incumbent of this position on stepping down head on July 1, 1990. Unfortunately, the search process for a new head resulted in Dr. Munro having to extend his time as Head of

Psychiatry at Dalhousie. Our goal now will be to recruit a good academic psychiatrist to fill this position and hope that Dr. Munro might move over to this Hospital anyway, when he eventually is able to step down.

MEDICAL STAFFING

The year has been one of rebuilding after a period of great difficulty for the Hospital and for the medical staff. It was a great loss to the Hospital when Dr. N. Allison, Director of Geriatric Psychiatry Services resigned in October 1989 to take up private practice in the area. Geriatric psychiatrists are in even shorter supply in Canada than general psychiatrists. On the other hand, we were fortunate to recruit a number of well qualified staff from overseas, but the recruitment process, facing empty psychiatry positions, continued throughout the year.

MEDICAL FACILITIES/DEPARTMENTS REPORTS

EKGs — 734

EEGs — 821

X-Ray Tech. units —4,873; Radiologist units — 7,732.44

ENT — 211 patients/staff seen

Special procedures — 31

Surgery consults — 31

Ophthalmology consults — 214

Urology — 19 (October 6, 1989 - March 31, 1990)

Internal medicine consults — 146

Gynecology consults — 43

Dermatology consults — 155

Laboratory: performed tests — 22,775
inpatient units — 132,513
referred out tests — 29,559